

LEASE TRAINING

Division of General Services
Leasing Section

DGS Use

Record Number: _____

Date Registered: _____

COURSE REGISTRATION FORM

Please Complete A Separate Form For Each Course

FAX To: 269-0308

Course Date: _____ Course Location: _____

Course Name: _____

Name Of Person Attending: _____
Last First

Position Title: _____

Department/Division: _____

Mailing Address: _____

Mail Stop: _____ Phone: _____ Fax: _____

E-Mail: _____

What Are Your Current Leasing Responsibilities (Check All That Apply)?

____ Occupant In A Leased Facility.

____ Occupant In A State Owned Facility With Plans To Expand Or Move.

____ Responsible For Preparing Purchase Requisition For Leased Space.

____ Responsible For Preparing Office Space Specifications.

____ Responsible For Certifying Funds For Lease Space.

____ Department/Division Leasing Officer Responsible For Tracking/Administration Of Departmental
Leased Space.

Supervisor's Signature: _____ Date: _____

Supervisor's Name _____ Phone: _____